No.:
Category:



CITIZEN COMPLAINT FORM
CITY OF MILWAUKEE FIRE AND POLICE COMMISSION City Hall, Room 706, 200 East Wells Street, Milwaukee, WI 53202 (414) 286-5000

E-mail: fpc@milwaukee.gov Website: www.city.milwaukee.gov/fireandpolicecommiss312.htm

INFORMATION ABOUT YOU					
Last Name:	First Name:	Middle Initial:	Birth Date:		
Address:	City:	State:	Zip:		
	Work Phone:				
Notify the Fire and Police Commission office at (414) 286-5000 promptly of any change in residence or telephone number.					
INFORMATION ABOUT THE INCIDENT					
Y CY					
	TD: CX 11				
	Time of Incident:				
Department employee(s) involved	: Name(s) and/or physical description:				
STATEMENT/DESCRIPTION OF INCIDENT					
Describe the incident in detail:					
(continue on next page)					

CITIZEN COMPLAINT FORM (CITIZEN COMPLAINT FORM (continued)					
			_			
	(You may use additional sheets or subm	nit a separate written statement)				
	WITNESSES/OTHER	RS INVOLVED				
Last Name		Middle Initial				
		State:				
		Involvement:				
Last Name:	First Name:	Middle Initial	Middle Initial:			
Address:	City:	State:	Zip:			
Home Phone:		Involvement:				
	(You may use additional sheets if necessar	ry to list other involved persons)				
	DESIRED OUT	ГСОМЕ				
What would you like to happen	a as a result of filing this complaint:					
	<u> </u>					
	SIGNATU	RE				
State law requires you to signany questions or need help w		blic. Contact the Fire and Police Comm	ission if you have			
STATE OF WISCONSIN) CITY OF MILWAUKEE)						
I certify that the foregoing info	ormation is true to the best of my knowled	dge.				
Subscribed and sworn to before	e me					
this day of		Complainant				
Notary Public, Milwaukee Cou My commission expires						
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Rev. 6/08						